

07-12-01

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	MBI-1064
First Named Inventor	DUNN
Original Patent Number	6,038,784
Original Patent Issue Date (Month/Day/Year)	3/21/2000
Express Mail Label No.	EL022641315US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Certificate of Mailing via Express Mail

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
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Signature	7/10/2001		

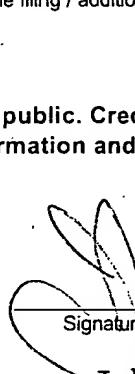
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J9962 U.S. PEG

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) MBI 1064			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20 (C) 2	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(l))	(B) 49 (D) 6	**** 29 = x \$ 9 = 261 • 4 = x \$ 40 = 160	or	x \$ _____ =			
Basic Fee (37 CFR 1.16(h)) \$ 355					\$ _____			
Total Filing Fee \$ 776					OR \$			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =	or	x \$ _____ =		
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	= x \$ _____ =		x \$ _____ =		
Total Additional Fee \$					OR \$			
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.								
<input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0462. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> A check in the amount of \$ 776.00 to cover the filing / additional fee is enclosed.								
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
 Signature of Applicant, Attorney or Agent of Record John L. Knoble Typed or printed name								

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): DUNN, et al.

Docket No.

MBI-1064

Serial No.
UnknownFiling Date
HerewithExaminer
UnknownGroup Art Unit
Unknown

Invention: BOTTLE RACK

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal; Specification, Claims & Abstract (5pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$776.00 .

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

July 10, 2001*(Date)*Iris C. Rousey*(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)*EL022641329US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**